

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001855

FILED
Apr 24, 2005
Secretary of State

Entity Name: PINE RIDGE HOLLOW PHASE II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789

New Principal Place of Business:

13627 DORNOCH DRIVE
ORLANDO, FL 32828

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789

New Mailing Address:

P.O. BOX 4656
WINTER PARK, FL 32793

FEI Number: 59-3342844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MARC
882 JACKSON AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

PALMER, BETH
13627 DORNOCH DRIVE
ORLANDO, FL 32828 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BETH PALMER

04/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: RAMOS, ILEANA
Address: 6923 NEEDLE POINT DR
City-St-Zip: ORLANDO, FL 32822

Title: PD () Delete
Name: CRUZ, ANA
Address: 6926 LONG NEDLE CT
City-St-Zip: ORLANDO, FL 32822

Title: STD () Delete
Name: NELSON, MALDONADO
Address: 6922 LONG NEEDLE CT.
City-St-Zip: ORLANDO, FL 32822

Title: STD () Delete
Name: DIAZ, SYLVIA
Address: 6953 NEEDLE POINT DR
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARRETO, VALERIE
Address: 3624 FALLING NEEDLE
City-St-Zip: ORLANDO, FL 32822

Title: VPD (X) Change () Addition
Name: DELVALLE, AWILDA
Address: 6922 LONG NEDLE CT
City-St-Zip: ORLANDO, FL 32822

Title: D (X) Change () Addition
Name: VASQUEZ, ELAINE
Address: 6930 LONG NEEDLE CT.
City-St-Zip: ORLANDO, FL 32822

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AWILDA DELVALLE

VPD

04/24/2005

Electronic Signature of Signing Officer or Director

Date